

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1730
Street or Road	NEEDLES EYE ROAD	Date Permit Issued	5/27/14 Fee \$250 Double Fee Charged ()
Subdivision, Lot #		<i>[Signature]</i>	L.P.I. # 1040
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	WATSON, PATRICK	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> State
Mailing Address of	P.O. BOX 226	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	HANCOCK, ME. 04640		
Daytime Tel. #	(207) 479-6372	Municipal Tax Map #	4 Lot # 57

OWNER OR APPLICANT STATEMENT	CAUTION: INSPECTION REQUIRED
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.	I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.
<i>[Signature]</i> 5/22/14	7-4-14
Signature of Owner or Applicant	Local Plumbing Inspector Signature
Date	(1st Date Approved)
	(2nd Date Approved)

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
_____ sq. ft. 2+ acres	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 600 sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	180 gallons per day BASED ON <input type="checkbox"/> 1. Table 4A (dwelling unit/s) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION 2/C at Observation Hole # 2 Depth 15" OF MOST LIMITING SOIL FACTOR	<input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. 44° 28' 45" N Lon. 68° 18' 30" W If g.p.s., state margin of error 30' +

SITE EVALUATOR STATEMENT		
I certify that on 5-12-14 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<i>[Signature]</i>	319	5-21-14
Site Evaluator Signature	SE#	Date
WILLIAM A. LaBELLE, JR.	(207) 537-5900	labeledseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

NEEDLES EYE ROAD

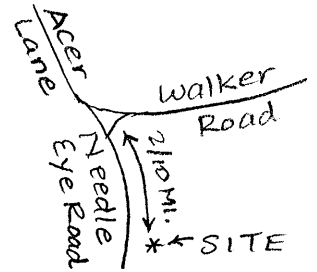
Owner or Applicant Name

PATRICK WATSON

SITE PLAN

Scale 1" = 40 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #2 ☒ Test Pit ☐ Boring

3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAMY FINE TO MEDIUM SAND	FRIABLE FIRM	DARK BROWN (10YR 3/3) DARK YELLOWISH BROWN (10YR 3/6)	N.E. COMMON DISTINCT
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
10			
20			
30			
40			
50			

Soil Profile <u>2/3</u>	Classification <u>C</u> Condition	Slope <u>9</u> %	Limiting Factor <u>15</u> " Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
----------------------------	---	---------------------	--------------------------------------	--

Observation Hole #3 ☒ Test Pit ☐ Boring

2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY LOAM TO LOAMY SAND	FRIABLE FIRM	DARK BROWN (10YR 3/3) DARK YELLOWISH BROWN (10YR 3/6)	N.E. FEW FAINT
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
10			
20			
30			
40			
50			

Soil Profile <u>2</u>	Classification <u>C</u> Condition	Slope <u>9</u> %	Limiting Factor <u>15</u> " Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--------------------------	---	---------------------	--------------------------------------	--

W.C. 2.1
Site Evaluator's Signature

319
S. E. #

5-21-14
Date

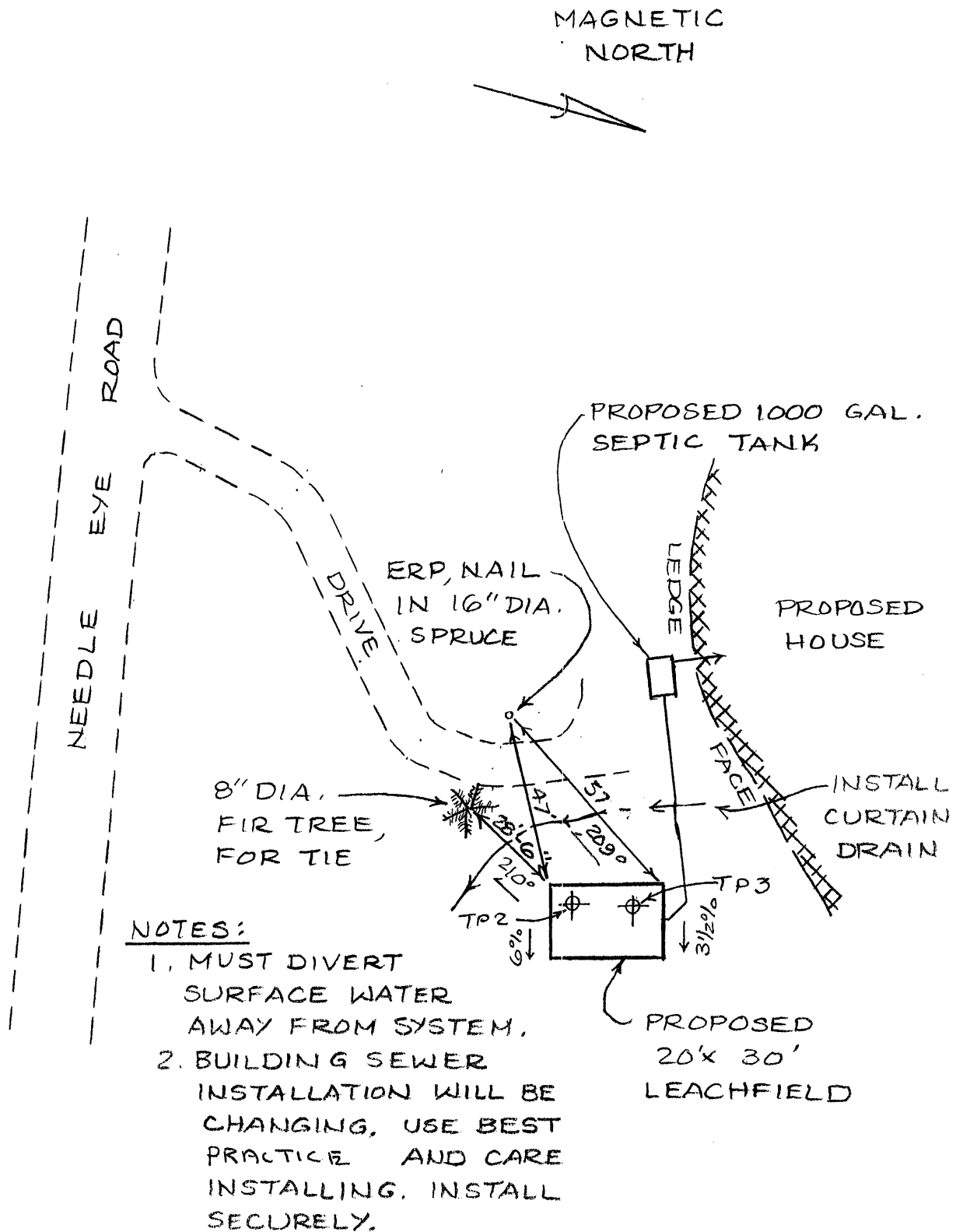
Town, City, Plantation
LAMOLNE

Street, Road, Subdivision
NEEDLES EYE ROAD

Owner or Applicant Name
PATRICK WATSON

SITE PLAN:

SCALE: 1" = 40 FT.



W. A. 2. 7
Site Evaluator's Signature

319
S.E. #

5-21-14
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

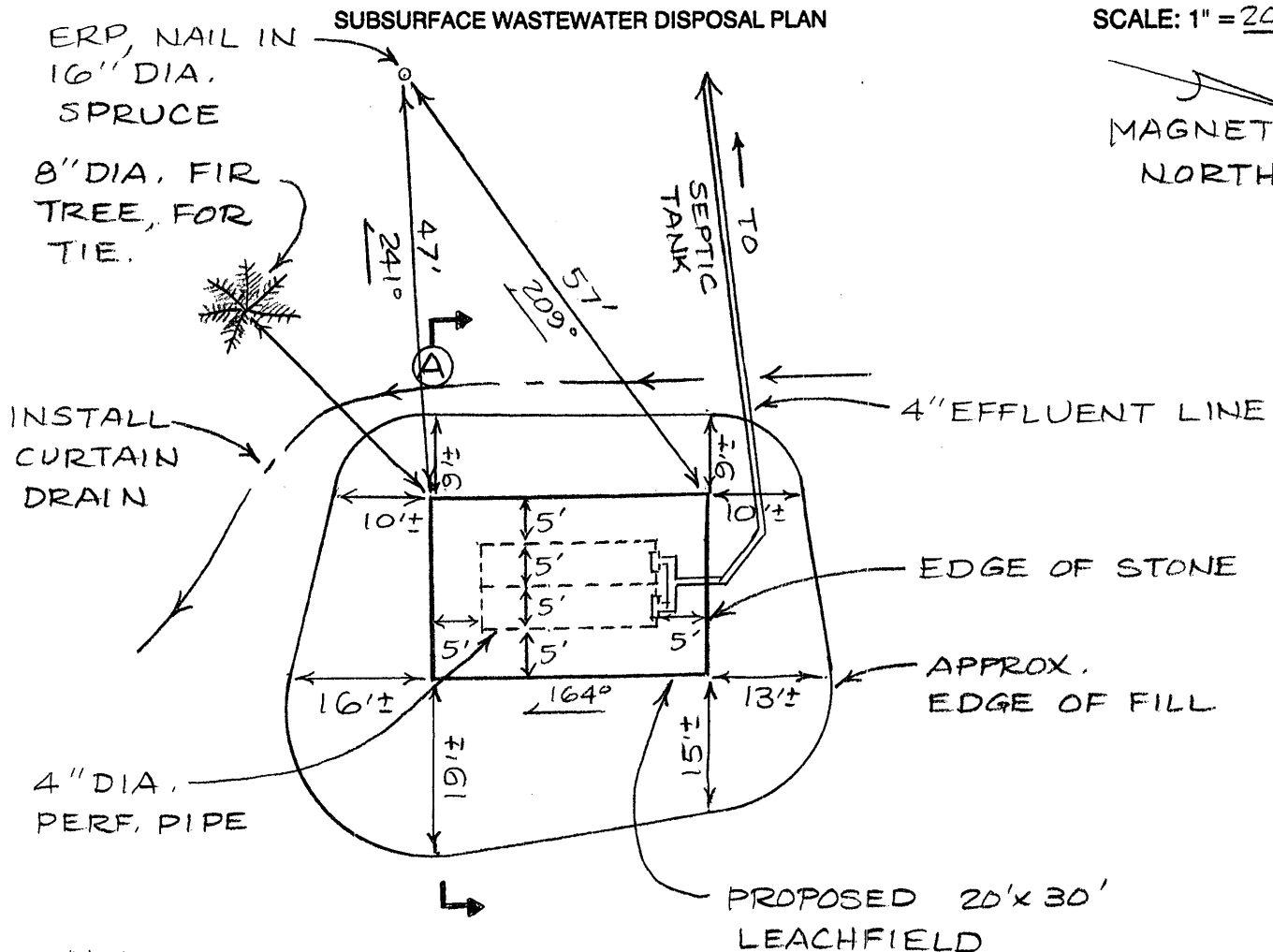
NEEDLES EYE ROAD

Owner or Applicant Name

PATRICK WATSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



NOTE:

SEE NOTES PAGE 2A.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	22"	Finished Grade Elevation	(CROWN)	-34"		Location & Description	NAIL 36"
Depth of Backfill (Downslope)	30"-37"	Top of Distribution Pipe or Proprietary Device		-49"	N/A		ABOVE GROUND IN 16" DIA.
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field		-60"			SPRUCE,
						Reference Elevation is:	0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 11-M of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slab on grade must be 15' minimum from edge of disposal field.

W. C. L. B.

Site Evaluator's Signature

319

S.E. #

5-21-14

Date

NOTE: MUST DIVERT
SURFACE WATER
AWAY FROM
SYSTEM.

DISPOSAL BED CROSS SECTION

20 FT.

SCALE: 1" = 5'

3 FT.
WIDE
BERM

3 FT.
WIDE
BERM

(A)

FILL MATERIAL SHALL BE 8"-12" THICK
OVER STONE AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER; SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.
FILL EXTENSIONS
(NO GREATER THAN 4:1,
(25% SLOPE).

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
PLACED OVER STONE.

INSTALL CURTAIN
DRAIN

ORIGINAL GRADE

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA,
SEC. 11-B.

LIMITING FACTOR

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"
- 34" (CROWN)
- 49"
- 60"

BOTTOM OF STONE MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

12" CLEAN STONE,
(1 1/2" DIA.),
UNIFORM SIZE.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 4 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRATOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

OWNER: PATRICK WATSON

LOCATION: LAMONE

W.C. 2.7

WILLIAM A. LABELLE, JR.

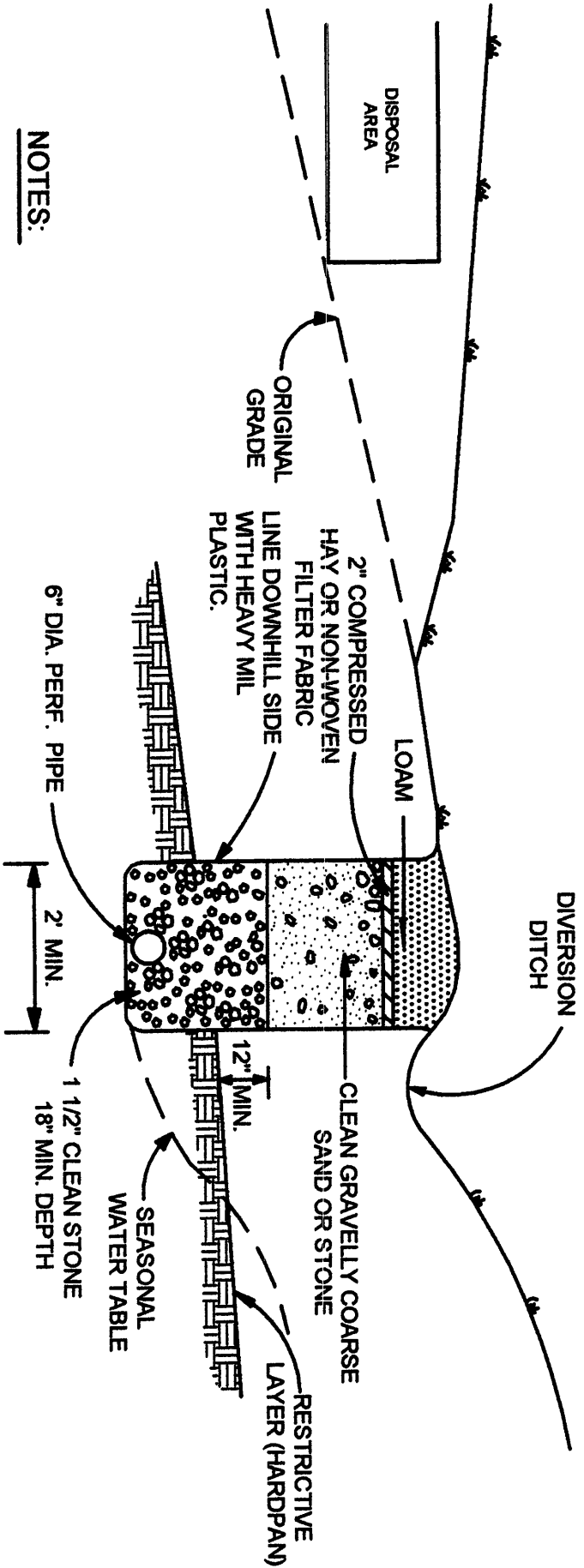
319

S.E.#

5-21-14

DATE

TYPICAL CURTAIN DRAIN



NOTES:

1. CURTAIN DRAIN MUST BE MINIMUM OF 10 FEET FROM DISPOSAL AREA UPSLOPE AND 15' MINIMUM ON ENDS OF SYSTEM.
2. FREE FLOWING OUTLET MUST BE PROVIDED DOWNSLOPE AND BE RODENT PROOF.

OWNER: PATRICK WATSON
 LOCATION: LAMOINE

W. A. Labelle, Jr.
 WILLIAM A. LABELLE, JR.

319
 S. E. #

5-21-14
 DATE